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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Case Against:

**Steven Theodore Raheb, M.D.
340 Pomfret Street
Putnam, CT 06260**

**Physician's and Surgeon's
Certificate No. G62726**

Respondent.

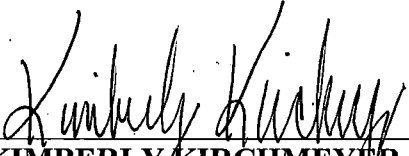
MBC Case No. 800-2017-036810

DECISION AND ORDER

The surrender of Physician's and Surgeon's Certificate No. G62726, by Respondent, Steven Theodore Raheb M.D., is accepted by the Medical Board of California, Department of Consumer Affairs.

This Decision shall become effective at 5:00 p.m. on the 28th day of December, 2017.

Ordered December 28, 2017



**KIMBERLY KIRCHMEYER
EXECUTIVE DIRECTOR
MEDICAL BOARD OF CALIFORNIA**

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In the Matter of the Case Against:

) **MBC Case No. 800-2017-036810**

6 **Steven Theodore Raheb, M.D.**
7 **340 Pomfret Street**
8 **Putnam, CT 06260**

) **STIPULATION FOR
SURRENDER OF LICENSE**

9 **Physician's and Surgeon's**
10 **Certificate No. G62726**

11 **Respondent.**

12
13 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to
14 the above-entitled proceedings, that the following matters are true:

15 1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the
16 Medical Board of California, Department of Consumer Affairs ("Board").

17 2. Steven Theodore Raheb, M.D. ("Respondent") has carefully read and
18 fully understands the effect of this Stipulation.

19 3. Respondent agrees that based on the action taken by the Connecticut
20 Medical Examining Board, (Exhibit A) cause exists to discipline his California Physician's and
21 Surgeon's certificate pursuant to Business and Professions Code sections 141(a) and 2305.

22 4. Respondent understands that, if proven at hearing, the charges and
23 allegations under investigation would constitute cause for imposing discipline upon
24 Respondent's license issued by the Board.

25 5. Respondent is aware of each of his rights, including the right to a hearing,
26 the right to confront and cross-examine witnesses who would testify against Respondent, the
27 right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to
28 compel the attendance of witnesses and the production of documents, the right to contest any

1 charges and allegations, and other rights which are accorded Respondent pursuant to the
2 California Administrative Procedure Act (Gov. Code, §11500 et seq.) and other applicable laws,
3 including the right to seek reconsideration, review by the superior court, and appellate review.

4 6. In order to avoid the expense and uncertainty of a hearing, Respondent
5 freely and voluntarily waives each and every one of these rights set forth above. Respondent
6 hereby agrees to surrender Physician's and Surgeon's Certificate No. G62726.

7 7. Respondent understands that by signing this Stipulation he is enabling the
8 Board to accept the surrender of his license without further process, as provided by section
9 11415.60(b) of the Government Code.

10 8. Upon acceptance of the Stipulation by the Board, Respondent understands
11 that he will no longer be permitted to practice as a Physician and Surgeon in California, and also
12 agrees to surrender and cause to be delivered to the Board both his license and wallet certificate
13 before the effective date of the Decision.


14 9. Respondent hereby represents that he does not intend to seek relicensure
15 or reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however,
16 that if Respondent ever files an application for relicensure or reinstatement in the State of
17 California, the Board shall treat it as a Petition for Reinstatement, and the Respondent must
18 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
19 effect at the time the Petition is filed. Case Report No. 800-2017-036810, including all
20 referenced attachments and other exhibits, and any additional attachments, and other exhibits,
21 that may be generated subsequent to the filing of the surrender of license, shall be admissible as
22 direct evidence, and any time based defenses, such as laches or any applicable statute of
23 limitations, shall be waived when the Board determines whether to grant or deny the Petition.

24 10. Respondent understands that this document may be disclosed to the
25 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical
26 Boards.
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2 **ACCEPTANCE**
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4 I, Steven Theodore Raheb, M.D., have carefully read the above Stipulation and enter into
5 it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender
6 Physician's and Surgeon's Certificate No. G62726, to the Medical Board of California. By
7 signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by
8 the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State
9 of California, and I also will cause to be delivered to the Board both my license and wallet
10 certificate before the effective date of the Decision.
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13 DATED: 15 Dec 17



14 Steven Theodore Raheb, M.D.
15 Respondent

16 DATED: 15 Dec. 17



17 WITNESS
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Exhibit A

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Steven T. Raheb, MD
License No.: 1.029642

Petition No. 2017-587

VOLUNTARY SURRENDER

Steven T. Raheb, MD, being duly sworn, deposes and says:

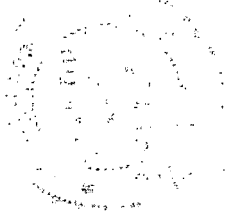
- 1 I am over the age of majority and understand the obligations of an oath.
- 2 I make this affidavit on the basis of personal knowledge.
- 3 I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a physician/surgeon. I presently hold license number 1.029642.
- 4 I hereby voluntarily surrender my license to practice as a physician/surgeon in the State of Connecticut as provided pursuant to Section 19a-17(d) of the General Statutes.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2017-587 shall not be contested. I further understand that any such application must be made to the Department which shall have discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Section 19a-14(a)(6) of the General Statutes.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. By letter dated July 5, 2017, I have submitted my response to the allegations through my counsel and I understand and agree that this affidavit and the case file in Petition Number 2017-587 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition since I am leaving the practice of medicine.
8. I understand that this surrender of agreement of my license is an event that is reportable to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services and will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information.

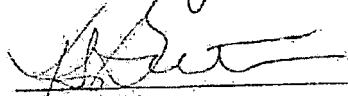
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2017-587.
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.



Steven T. Raheb, MD

Subscribed and sworn to before me this 13th day of July 2017.





Notary Public
Commissioner of Superior Court

My Comm
Expires
05-31-2022

Accepted: Kathleen Boulevarde RN, PHSM 7/13/2017
~~Christian D. Andresen, Section Chief~~ Kathleen Boulevarde, RN Date
Practitioner Licensing and Investigations Public Health Surveys Manager
Healthcare Quality and Safety Branch

